

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-676)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

AS FILED	AFTER		AFTER		*	*	*	
	1st AMENDMENT	2nd AMENDMENT	IND.	DER.				
1.					51			
2.					52			
3.					53			
4.	(1)				54			
5.	(1)				55			
6.	(1)				56			
7.	(1)				57			
8.	(1)				58			
9.	(1)				59			
10.	(1)				60			
11.	(1)				61			
12.	(1)				62			
13.	(1)				63			
14.	(1)				64			
15.	(1)				65			
16.					66			
17.					67			
18.					68			
19.					69			
20.					70			
21.					71			
22.					72			
23.					73			
24.					74			
25.					75			
26.					76			
27.					77			
28.					78			
29.					79			
30.					80			
31.					81			
32.					82			
33.					83			
34.					84			
35.					85			
36.					86			
37.					87			
38.					88			
39.					89			
40.					90			
41.					91			
42.					92			
43.					93			
44.					94			
45.					95			
46.					96			
47.					97			
48.					98			
49.					99			
50.					-100			
TOTAL IND.			2		TOTAL IND.			
TOTAL DER.			10		TOTAL DER.			
TOTAL CLAIMS			1X		TOTAL CLAIMS			

* MAY BE USED FOR ADDED CLAIMS OR AMENDMENTS